



IFW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

For: **Wall Mounted Picture Display Device**

Serial No. 10/666,170

Applicant: Claude D. Gourand

Filed: September 19, 2003


Art Unit: 3611

Examiner: Brian Green

Docket No.: 7171.3001.003

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on September 16, 2005.


Noelle Schultz

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

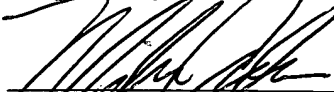
Sir:

Transmitted herewith are the following for the above-identified patent application: A Request for Withdrawal as Attorney or Agent and Change of Correspondence Address.

It should be noted, a copy of the most recent Office Action dated August 30, 2005 has been forwarded to each of the applicants.

The Commissioner is hereby authorized and respectfully requested to charge any fees or deficiencies, or credit any overpayments associated with this communication to our Deposit Account No. 50-0852.

Respectfully Submitted,



Michael C. Adams, Reg. No. 56,041
Reising, Ethington, Barnes, Kisselle P.C.
P.O. Box 4390
Troy, Michigan 48099-4390
248-689-3500

Date: September 16, 2005



**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/666,170
Filing Date	September 19, 2003
First Named Inventor	Claude D. Gourand
Art Unit	3611
Examiner Name	Brian Green
Attorney Docket Number	7171.3001.003

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number 23399

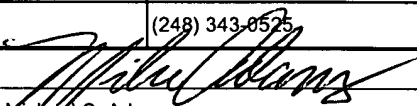
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: The applicants have instructed me not to respond to the previous Office Action and the first named applicant has instead taken over prosecution of this case.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:
- ☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Claude D. Gourand				
Address	510 Aarons Way				
City	Ortonville	State	Michigan	Zip	48462
Country	U.S.A.				
Telephone	(248) 343-0525			Email	
Signature					
Name	Michael C. Adams		Registration No.	56,041	
Date	September 16, 2005		Telephone No.	248-689-3500	

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.